

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

2017 OCT 30 PM 3:48

Arthur Lamar Brown

17CV8360

No.

Write the full name of each plaintiff.

(To be filled out by Clerk's Office)

-against-

COMPLAINT

(Prisoner)

THE CITY OF NEW YORK

THE NYC DOC

Jane Doe's

John Doe's

Do you want a jury trial?

☒ Yes ☐ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☒ Other: Please see next page for OTHER

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Arthur L Brown
First Name Middle Initial Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

113-17-00016 NYSID# 02144596M

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

Rikers Island @ G.R.V.C

Current Place of Detention

09-09 Hazen Street Eastelmhurst

Institutional Address

Bronx

County, City

New York

State

11370

Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

☒ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☒ Other: Unlawfully detained by the State

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Section "I" Legal Basis for Claim
continued

OTHER: Neglect
Negligent Supervision
Negligence
Emotional distress
Intentional infliction of emotional distress
Humiliation
Minimum Standards Violations

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

THE CITY OF NEW YORK

First Name

Last Name

Shield #

Current Job Title (or other identifying information)

Current Work Address

Defendant 2:

County, City	State	Zip Code
Jane	Doe	Unknown
First Name	Last Name	Shield #

Captain
Current Job Title (or other identifying information)

18-18 Hazen Street Eastelmhurst ny
Current Work Address

Bronx	New York	11370
County, City	State	Zip Code

Defendant 3:

John	Doe	Unknown
First Name	Last Name	Shield #

Transportation Officer for N.Y.C. DoC
Current Job Title (or other identifying information)

D.O.C Transit division address unknown
Current Work Address

Bronx	New York	11370
County, City	State	Zip Code

Defendant 4:

John	Doe	Unknown
First Name	Last Name	Shield #

Captain
Current Job Title (or other identifying information)

1. Halleck Street
Current Work Address

Bronx	New York	10474
County, City	State	Zip Code

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THE N.Y.C. Department of Corrections

V. STATEMENT OF CLAIM

(A) Place(s) of occurrence: Main intake of A.M.K.C., NYC DOC. bus, main intake of V.C.B.C.

(B) Date(s) of occurrence: August 11, 2017 - August 17, 2017

(C) FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

(1) Please see annexed pages for full details of facts and how I was harmed...

(2) On 8/11/17 while being detained on Rikers Island, in the main intake area of the Anna M. Kross Center, while bare naked, I was Cuffed, hands behind my back by C.O.s "Correctional officers" John doe #1 and John doe #2 at or around 6:00 o'clock pm while C.O. John doe #3 and Captain Jane doe #1 watched. (3) Upon receiving the order to do so from Captain Jane doe #1 I was placed on a stretcher in an up right sitting position with my genitals exposed and paraded through the intake area in front of other detainees (4) where I was mocked, laughed at and called names in reference to my penis such as; limp noodle dick, Vienna Sausage dick and Small fry by several other C.O.s male and female. (5) I was then taken outside of the facility in the same manner and forcibly put in a 4' x 4' steel cage on board a N.Y. Corrections department bus bound for V.C.B.C. in the Bronx, in full view of 12-15 other detainees like a caged animal on display at a Zoo. (6) Upon arriving at V.C.B.C. "The Boat" at or around 7:30 pm I was told that I had to walk off of the bus to enter the boat because no one was going to carry me off of the bus. (7) When I made it clear that I would not walk across a parking lot, up a flight of stairs, across a bridge and onto the boat bare foot and naked

I was left on the bus by myself. ⁽⁸⁾ In an attempt to force me off of the bus, the bus Operator C.O. John Doe Closed all of the windows and turned the air conditioner on to max power and Closed the bus door. ⁽⁹⁾ I was left to sit in a steel cage, aboard a N.Y. Corrections department bus, hand Cuffed, by myself, with the air conditioner on max power, in the dark, naked until around 12:00 o'clock am. ⁽¹⁰⁾ When I was finally carried off of the bus by several C.O.s led by Captain Davis Shield # unknown, and placed on a stretcher and taken to see medical. ⁽¹¹⁾ My temperature was taken as well as my blood pressure and I was given water and furnished with a blanket to stop my shivering and eventually I was given some clothes to put on. ⁽¹²⁾ Captain Davis's (Shield unknown) request that someone from mental health clear me to leave the infirmary clearly shows an individual's blatant attempt to cover up the abuse that I suffered at the hands of Department of Corrections C.O.s, Captains and Depts. by stating that I have a mental defect. ⁽¹³⁾ Because I would rather sit in a steel cage, on a cold, dark, bus alone hand Cuffed for almost five (5) hours than to be further degraded and subjected to more

humiliation by walking through a debris strewn, concrete parking lot, bare foot, nude and hand cuffed while being made the punch line of more jokes for the personal amusement of individuals who hold offices of Public trusts.

(14) Furthermore, these actions plus the fact that I was forced to sleep in a temporary holding pen on a cold, hard bench and metal floor in pen # 3 of V.C.B.C.'s intake without a shower, phone call or proper bedding and fed cold food for breakfast, lunch and dinner, from the morning of 8/12/17 until I was transferred to the Brooklyn House of Detention on the 17th day of August 2017 (5 days later) shows a wanton disregard for my Constitutional rights both of the U.S. and New York State, my health, both mental and physical as well as my humanity. (E) It also shows negligence, negligent supervision & malicious willingness to intentionally inflict emotional distress, cruel and unusual punishment and several other forms of abuse by an organization in its entirety as this abuse spanned two separate facilities and the Transit Department and involved several New York City Corrections officers, Captains and Depts.

(D) INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

I was given a blanket and eventually some clothes, a physical check up and monitored for hyperthermia. I requested to speak with someone as the extreme emotional distress that I was placed under brought flash backs of my childhood when I was mentally, emotionally and physically abused while in foster care.

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

Ten million dollars \$ 10,000,000.00

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

10-19-17

Dated

Arthur

First Name

L

Middle Initial

Plaintiff's Signature

Brown

Last Name

09-09 Hazen Street East Elmhurst, NY

Prison Address

Bronx

County, City

New York

State

11370

Zip Code

Date on which I am delivering this complaint to prison authorities for mailing:

10-20-17

AFFIDAVIT OF SERVICE

STATE OF NEW YORK)

ss:

COUNTY OF Bronx)

Arthur L. Brown

being duly sworn, deposes and says:

2017 OCT 30 PM 3:48

That I have on this 20 day of October, 20 17, placed and submitted in the postal receptacle the following documents:

Complaint form, IFP, Authorization in the New York City

Correctional Facility known as Rikers Island, G.R.V.C., located at

09-09 Hazen Street East Elmhurst New York, NY 11370 to be

duly mailed via the United States Postal Service to the following parties in the above action:

U.S.D. Court Southern District
Pro-Se Intake Unit
500 Pearl Street
New York, NY 10007

Respectfully submitted,

Arthur L. Brown

Sworn to before me this

20 day of October, 20 17

[Signature]

NOTARY PUBLIC



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RECEIVED
NY DOCKET UNIT
27 OCT 2017 PM 3:49

Se Intake Unit
Staten District Court
Southern District of New York
100 PEARL STREET
NEW YORK, NY 10007

USM_{LP3}
SDNY



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